

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/17/2012
NAME OF PROVIDER OR SUPPLIER BOULEVARD TERRACE REHABILITATION AND NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p>	F 441	<p>1. Corrective action for residents affected:</p> <p>a) Boxes of gloves were put into the rooms affected by Unit Managers.</p> <p>b) The DON and Nursing Staff completed an audit of all resident rooms for gloves; and found all rooms to be in compliance.</p> <p>2. Identification of others who could be affected by the deficient practice:</p> <p>a) All residents have the potential to be affected by this practice.</p> <p>3. Measures put in place to ensure deficient practice does not reoccur:</p> <p>a) The Nurse Educator inserviced nursing staff to visually inspect glove boxes during each provision of care, to replace glove boxes when found to be empty or almost empty, and the location of supplies.</p> <p>b) The Nurse Educator inserviced housekeeping staff to visually inspect glove boxes during each room cleaning, to replace glove boxes when found to be empty or almost empty, and the location of supplies.</p>	1/17/12 1/17/12	2/03/12 2/03/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: MCKH11 Facility ID: TN7502 If continuation sheet Page 2 of 3

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER'S JPP IDENTIFICATION NUMBER: 445235	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/17/2012
NAME OF PROVIDER OR SUPPLIER BOULEVARD TERRACE REHABILITATION AND NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1530 MIDDLE TENNESSEE BLVD MURFREESBORO, TN 37130	
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F 465	Continued From page 2 The findings included: Observation of room 29 on January 17, 2012, at 8:50 a.m., revealed the toilet had brown debris all around the bowl as if brown liquid had been flushed out. Continued observation revealed an unlabeled basin on the floor with an incontinent brief and tissues rolled up in the bottom. During interview on January 17, 2012, at 9:00 a.m., in the resident's room, the nurse on duty confirmed the toilet bowl was dirty; the basin was unlabeled; and tissues and a rolled up incontinent brief were in the basin. Observation of room 43 on January 17, 2012, at 9:20 a.m., revealed an unlabeled gallon jug under the sink along with two trash cans in the room, both of which were overflowing with trash and trash was on the floor around them. Continued observation of the room on January 17, 2012, at 10:30 a.m., revealed the same conditions. Interview on January 17, 2012, at 10:35 a.m., in room #43, revealed the housekeeper confirmed the findings. Observation of room 53 during tour on January 17, 2012, at 9:30 a.m., revealed unflushed stool and tissue in the toilet. Continued observation of the room at 10:40 a.m., revealed the stool was still unflushed in the toilet. During interview on January 17, 2012, at 10:45 a.m., the housekeeper confirmed the toilet was unflushed and had stool in it.	F 465	<p>d) Unlabeled gallon jug was removed from bathroom and discarded by Central Supply Director.</p> <p>e) Full audit of resident rooms for presence of labeling on wash basins and removal of any unlabeled items by Central Supply Director, CNAs, and Unit Managers.</p> <p>f) Trash was immediately emptied in affected rooms by housekeeping.</p> <p>g) Toilet was immediately flushed in affected room by Unit Manager.</p> <p>2. Identification of others who could be affected by the deficient practice: All residents have the potential to be affected by this practice.</p> <p>3. Measures put in place to ensure deficient practice does not reoccur:</p> <p>a) The Nurse Educator inserviced nursing and housekeeping staff to bag and remove all soiled linen and trash from resident room immediately after use.</p> <p>b) The Nurse Educator inserviced nursing staff on labeling of resident wash basins.</p> <p>c) Housekeeping schedule was evaluated and re-adjusted with earlier start time and overlapping of shifts.</p>	<p>1/17/12</p> <p>2/03/12</p> <p>1/17/12</p> <p>1/17/12</p> <p>2/03/12</p> <p>2/03/12</p> <p>1/17/12</p>

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